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CONFIRMATION NO. 8474

<b>SERIAL NUMBER</b> 10/635,504	<b>FILING OR 371(c) DATE</b> 08/07/2003 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> MSE #2675	
<b>APPLICANTS</b> D. Glenn Purcell, Edwardsburg, MI;					
<b>** CONTINUING DATA *****</b> ✓mw This appln claims benefit of 60/409,331 09/10/2002					
<b>** FOREIGN APPLICATIONS *****</b> ✓mw					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 11/06/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>mw</u> Acknowledged <u>mw</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> Jerome L. Jeffers, Esq. Bayer Healthcare LLC P.O. Box 40 Elkhart, IN46515-0040					
<b>TITLE</b> Auto-calibration label and apparatus comprising same					
<b>FILING FEE RECEIVED</b> 1740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		